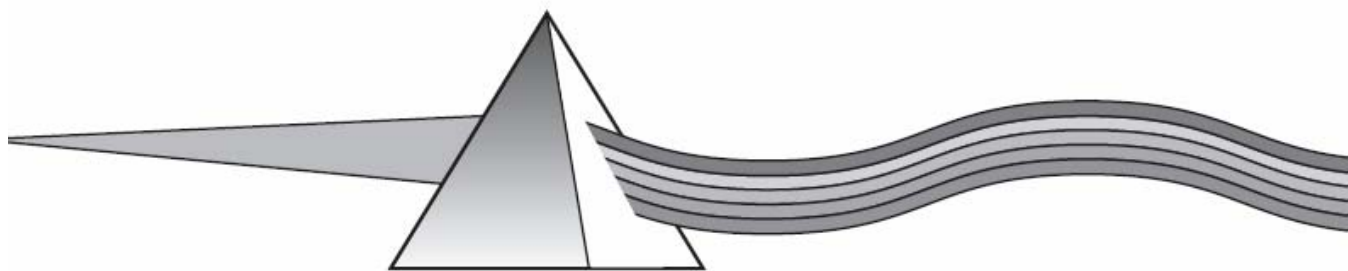# PRISM

*Program Review Instrument for Systems Monitoring
of Head Start and Early Head Start Grantees*

PRISM Guide 2006

.

The *PRISM Guide* was developed by The Lewin Group under Contract No. GS-23F-9840H. Every effort has been made to ensure the accuracy of the material in this guide; however, if any discrepancy exists between language in this guide and in any applicable statute, regulation, or policy issuance the language in the statute, regulation, or policy issuance is controlling.

Table of Contents

Appendix I: PRISM Instrument
Appendix II: Forms
Appendix III: Code of Conduct for Head Start Reviewers
Appendix IV: Resources List

What's New in the Fiscal Year 2006 *PRISM Guide*

The Fiscal Year (FY) 2006 version of the *PRISM Guide (Guide)* replaces the FY 2005 *PRISM Guide.* The 2006 *Guide* continues to serve as a resource for grantees, Federal and non-Federal Team Leaders (formerly referred to as Lead Consultants), and reviewers. The information provided is intended to benefit all audiences; however, some sections of the *Guide* address individual audiences.

KEY CHANGES TO PRISM MONITORING SOFTWARE

A new software system, **PRISM 2006 Software,** is introduced for the FY 2006 monitoring season. The new software has enhanced capacity for collecting, aggregating, analyzing and reporting on monitoring data and tracking corrective action and follow-up activities. The redesigned software enables reviewers, Federal staff and technical assistance liaisons to electronically track information related to the PRISM review of a given grantee. The software includes two separate applications that support functioning in web-based and stand-alone environments (i.e., capable of functioning without access to the internet). The software:

- Standardizes review report writing by ensuring that areas of noncompliance identified in the review report are properly formatted, supported by sufficient evidence, and linked to the correct regulatory citations (stand-alone version);

- Facilitates the review process by providing electronic access to all PRISM instruments and tools, including the new service area protocols, core questions, the full set of standards, and checklists (stand-alone version);

- Facilitates collaboration and information sharing among review team members (both stand-alone and web versions);

- Allows for real-time access to information, which facilitates the tracking of corrective action activities and management of review activities (web version);

- Provides access to the most up-to-date standards and PRISM instruments (including protocols, checklists, and core questions), increasing the data's accuracy (web version); and

- Contains a centralized repository of aggregated PRISM review data to address Congressional and other requests for information (web version).

The software allows for integrated and seamless transitions between the stand-alone and web-based software interfaces. Automation of review preparation, on-site review activities, review report generation and transmittal to grantee, and corrective action tracking is intended to increase the consistency, accuracy and completeness of the monitoring data.

PROCEDURAL AND POLICY CHANGES

The purpose of the monitoring process is to identify and accurately describe for the grantee those areas for which its program is out of compliance with Federal regulations and other program requirements. Accordingly, if a grantee meets some but not all components of a given requirement, the narrative for the citation should only address those components for which the grantee is out of compliance. The purpose of the documentation is to report on the problem areas identified (i.e., "exceptions" to compliance). Accordingly, the review team will focus on compliance with Head Start standards and other requirements, and will no longer identify or report on grantee program strengths.

As part of the Head Start Bureau's (Bureau) efforts to focus on grantee compliance with Head Start performance standards and program requirements, monitoring will focus primarily on finding and reporting all exceptions to grantee compliance and will ensure that:

- noncompliances, including those designated as deficiencies, are clearly and accurately reported to grantees so that grantees can make corrections as quickly as possible and continue to provide services to children and families as required under the Head Start Act and other authorities;

- grantees correct deficiencies and other areas of noncompliance in the shortest amount of time reasonably necessary to fully correct the problem;

- all fiscal deficiencies and areas of noncompliance are promptly followed up on and misused Head Start grant funds are recovered, where appropriate.

The Head Start Review Report and Cover Letter have been combined into a single document that provides grantees with official notice of review findings. The redesigned Head Start Review Report provides general program information (e.g., review dates, funded and actual enrollment); determinations, including the specific citations, narrative, and any history related to the identified issue; and the timeframe for correction for each determination. Additionally, the *Guide* separates the review report and program improvement/corrective action activities into distinct phases, represented as two separate sections in the *Guide*: *Grantee Notice: The Head Start Review Report*, and *Program Improvement and Corrective Action.*

KEY CHANGES TO REVIEW ACTIVITIES AND THE PRISM INSTRUMENT
New Protocols
The FY 2006 *Guide* introduces protocols for Health, Nutrition and Disabilities areas, with protocols for Mental Health and Early Childhood Development anticipated in the first quarter of FY 2006. The protocols are designed to provide an overarching framework as well as detailed guidance to help reviewers address the primary standards related to the relevant service areas.

Fiscal Checklist
The Head Start Bureau continues its emphasis on improved fiscal monitoring and accountability. The FY 2006 Fiscal Checklist (revised from FY 2005) maintains a risk-based approach, but reorganizes the questions contained in the checklist into categories to guide the fiscal reviewer through the data collection and analysis process. The checklist is organized into five focal areas: (1) Fiscal Risk Indicators (2) Internal Controls and Monitoring; (3) Fiscal Accountability; (4)

Reporting; and (5) Summary Standards.

Core Questions
The following modifications have been made to the set of Core Questions:

- A new Mental Health Core Question (Core Question #11 in FY 2006) has been added to emphasize review of mental health program requirements.

- The Child Outcomes Core Question (Core Question #18 in FY 2005) has been eliminated.

- The FY 2005 Core Questions #11 through #17 (i.e., the Disabilities Core Question through the Facilities, Materials, Equipment and Transportation Core Question) have been renumbered to Core Questions #12 through #18.

Additional Modifications
The activities comprising the PRISM monitoring process have been modified as follows:

- The on-site review will focus on the collection, reporting, and analysis of data. The grantee presentation and summary meeting will no longer take place.

- For triennial and first-year reviews, Federal Team Leaders will not supervise reviews in their home region. Federal Team Leaders will, however, continue to supervise follow-up reviews for grantees in their home region.

- Each delegate will be reviewed as part of each triennial and first-year review.

- The interview "protocols" (denoted as such in the FY 2005 Guide) are renamed to interview "guides," and the previously designated optional interview guides have been eliminated. .

REVIEWER INFORMATION AND RESOURCES APPENDICES
The Code of Conduct for Head Start Reviewers has been updated for FY 2006. The URLs listed in the Resources List Appendix were updated to ensure that all are accurate and the Web sites remain in working order.

PRISM Overview

The *Guide* provides an overview of the Federal monitoring process for Head Start and Early Head Start programs and provides guidance to Federal and non-Federal Team Leaders (Team Leaders), review team members, grantees and Regional Office staff regarding the conduct of reviews.

The *Guide* is divided into the following six chapters:

- What's New in the Fiscal Year 2006 PRISM Guide;

- PRISM Overview;

- Advance Activities;

- On-site Activities;

- Grantee Notice: The Head Start Review Report; and

- Program Improvement and Corrective Action.

Four appendices are included at the end of the *Guide:*

- *PRISM Instrument*;

- Forms;

- Reviewer Information; and

- Resources

This chapter, PRISM Overview, begins with a brief background on Head Start and program monitoring. The remaining sections of the chapter summarize the elements of the PRISM monitoring process.

BACKGROUND: HEAD START AND PROGRAM MONITORING

The Head Start Program, which is authorized under the Head Start Act, provides grants to local public and private nonprofit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping children develop the early literacy and numeracy skills they need to be successful in school. Intended primarily for preschoolers from low-income families, Head Start promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services. Head Start programs emphasize cognitive, language, and socio-emotional development to enable each child to develop and function at his or her highest potential. At least 10 percent of the enrollment opportunities in each program must be made available to children with disabilities.

Head Start engages parents in their children's learning and helps them in making progress toward their educational, literacy, and employment goals. The Head Start program also emphasizes significant involvement of parents in the administration of local Head Start programs. In 1995, the Early Head Start program was established in recognition of the mounting evidence that the earliest years, from birth to three years of age, matter a great deal to children's growth and development.[1] The central purpose of the Head Start program is the promotion of "school readiness by enhancing the social and cognitive development of low-income children through the provision, to low-income children and their families, of health, educational, nutritional, social, and other services."[2] Program monitoring is intended to ensure that such services are provided by enforcing compliance with all Head Start program requirements.

Head Start is administered by the Head Start Bureau of the Administration on Children, Youth and Families (ACYF). ACYF is a part of the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS). Head Start program requirements are specified in legislation (i.e., the Head Start Act and other Federal, State and local statutes) and in various Federal, State, and local regulations and other requirements. (Regulations are rules issued by governmental agencies that implement statutes and have the force and effect of law.) The set of regulations that pertain to Head Start and Early Head Start programs includes the Head Start Program Performance Standards (Performance Standards), other Head Start regulations, and other relevant Federal, State, and local regulations.[3]

The Head Start Act mandates that each Head Start grantee receive a full on-site monitoring review at least once every three years, that each new program be reviewed after the completion of its first year (and then at least every three years thereafter), and that follow-up reviews be conducted for grantees that "fail to meet the standards."[4] During a monitoring review, a team of qualified reviewers, supervised by a Team Leader, assesses compliance with program requirements.

WHAT IS PRISM?

PRISM is both a set of instruments and the process used to conduct Federal monitoring of Head Start grantees. PRISM was developed as part of an effort to integrate the 1998 revisions to the Performance Standards into the monitoring process.[5]

PRISM organizes elements in the Performance Standards and other program regulations into **Core Questions**. The Core Question framework is designed to facilitate monitoring compliance

---

[1] Throughout the *PRISM Guide*, "Head Start" is used to include both Head Start and Early Head Start programs, unless otherwise specified. Both programs are authorized under the Head Start Act (42 USC 9831, et seq.).

[2] 42 USC 9831 (Section 636 of the Head Start Act)

[3] Strictly speaking, the Head Start Program Performance Standards are contained in 45 CFR Part 1304, and the Head Start Program Performance Standards on Services to Children with Disabilities are contained in 45 CFR Part 1308. Other rules and requirements applicable to Head Start, such as those relating to grants administration, eligibility and enrollment, program staffing, and other topics are contained in 45 CFR Parts 1301, 1302, 1303, 1305, 1306, 1309, and 1310.

[4] 42 USC 9836A (c)(1)(C).

[5] The revisions to the Performance Standards were finalized in November 1996 and took effect on January 1, 1998. For more information on the development of the Performance Standards, see the discussion in the Preamble to the Final Rule (*Federal Register*, Vol. 61, No. 215 (November 5, 1996))

with the broad array of program requirements. Each Core Question identifies a set of related questions with guidance on how to gather information to best respond to these questions, with the ultimate goal of providing the review team with evidence to support compliance decisions for the set of program requirements related to each Core Question.

The program requirements are organized into nine questions that emphasize a program's *service delivery,* and nine that focus on the program's *systems* in place to support the delivery of services to Head Start children and their families. Service area core questions include: Prevention and Early Intervention; Individualization; Mental Health; Disabilities; Curriculum and Assessment; Family Partnership Building; Parent Involvement; Community Partnership; and Facilities, Materials, Equipment and Transportation. Reviewers with primary responsibility for the program requirements categorized into these Core Questions are the **Service Reviewers**.

Systems area core questions include: Program Governance; Planning; Communication; Record Keeping and Reporting; Ongoing Monitoring; Self-Assessment; Human Resources; Fiscal Management; and Eligibility, Recruitment, Selection, Enrollment, and Attendance. **Systems Reviewers** have primary responsibility for the requirements related to these Core Questions. While Service Reviewers and Systems Reviewers assume primary responsibility for specific Core Questions, all reviewers work collaboratively in addressing all Core Questions and assessing compliance with applicable program requirements.

A sample Core Question layout (from the Core Questions section of the *PRISM Instrument*) is shown in Figure 1. The Core Question number and title appear at the top of the page; the top left portion of the page contains the full text of the Core Question. The top right section of the page includes citations for the program requirements applicable to the Core Question. The bottom portion of the page includes instructions on how reviewers gather information pertinent to the program requirements applicable to that particular question.

Figure 1.—Sample Core Question Layout

The ***PRISM Instrument*** is a compendium of tools that review team members use to gather data to address the Core Questions and measure compliance with applicable program requirements. The specific tools contained within the *PRISM Instrument* include:

- The set of 18 Core Questions;

- Protocols, developed for Health and Nutrition, Disabilities, Mental Health and Early Childhood Development (expected in the first quarter of FY 2006) service areas, that provide guidance to help reviewers address the primary standards related to the relevant service areas.

- Guides for interviewing Head Start families, Policy Council and Governing Body members, and child care and other community partners; and

- Instruments and checklists for recording observations during visits to classrooms, homes, and other locations.

HOW DOES THE PRISM PROCESS WORK?

Fundamental to the PRISM process is the review team's collection, verification, and analysis of evidence from multiple sources to establish relevant facts. Team members share information during the course of the review (collaboration is facilitated by the PRISM 2006 software and nightly team meetings) and follow up on initial findings or issues for which sufficient evidence has not yet been identified to make a preliminary compliance decision. Based on the analysis of the evidence and recommendations, the Team Leader makes preliminary decisions regarding

grantee compliance with program requirements. These decisions are finalized by the HHS official or designee who issues the Head Start Review Report, and are documented in the report. The report communicates to the grantee final compliance decisions and timeframes for corrective action.

The monitoring process is comprised of four phases: Advance Activities, On-Site Review, Grantee Notice: the Head Start Review Report, and Program Improvement and Corrective Action. The PRISM Instrument and PRISM 2006 Software are designed to facilitate information collection, analysis and reporting at each phase of the monitoring process.

Four Phases of the Review Process
The four phases of a grantee review process include (each of these phases is described in more detail in subsequent chapters):

- **Advance Activities.** Activities during this phase include making logistical arrangements, requesting and assigning reviewers to a review team, selecting centers and settings, and identifying focus children and families.

- **On-Site Activities.** Activities during this phase include information collection and verification to establish facts, including document reviews, observation of children in different settings, interviews, and grantee briefings. During this phase, reviewers communicate and collaborate with one another during the day and participate in team meetings each evening to (a) share and analyze information, and (b) develop preliminary findings. During the final stage of this phase, the team, under the direction of the Team Leader, prepares a preliminary report of areas of noncompliance.

- **Grantee Notice: The Head Start Review Report.** The HHS official or designee issuing the Head Start Review Report finalizes compliance decisions and develops and delivers to the grantee the Head Start Review Report, which is generated directly from the PRISM 2006 Software. The Head Start Review Report has been redesigned and reformatted for FY 2006. The Head Start Review Report will be mailed to the grantee governing body president promptly following conclusion of the on-site review. The timeframe will necessarily vary depending on the complexity of the review.[6]

- **Program Improvement and Corrective Action.** This phase includes corrective action by the grantee, development of Quality Improvement Plans (QIPs), training and technical assistance (T/TA), and documentation in the PRISM 2006 Software of the outcomes of corrective action(s) for all areas of noncompliance and deficiencies.

Systems Approach: Integration of Systems and Services
PRISM employs a "systems approach" to monitoring because strong systems are essential to maintaining Head Start program quality. Under this approach, failures within service areas may not only reflect failures to deliver mandated services to children and families, but also may indicate the presence of underlying systems problems. PRISM focuses on how a grantee's

---

[6] The Head Start Program Performance Standards require that the grantee be notified "promptly" in writing of any noncompliance or deficiency (see 45 CFR 1304.61(a) and 45 CFR 1304.60(b)).

systems, services, and partnering activities interact to create and maintain a quality program. The PRISM 2006 Software is designed to facilitate collaboration among review team members to identify potential system issues that are related to a given service issue or other systems issues.

Focus Child and Family Process

Through the focus child and family process, reviewers use various PRISM tools and protocols to examine the actual experiences of a group of Head Start children and their families from the time they entered Head Start to the present. This multifaceted view of the experiences of a selection of children and their families allows reviewers to see how the grantee integrates systems and services.

Review Team Collaboration

Reviewers share information with each other both throughout the day and during nightly team meetings. The PRISM 2006 Software facilitates collaboration by enabling review team members to synchronize computers with one another (off-line, using routers and cables), thus sharing all information recorded for a particular review (this includes information recorded on a grantee and all of its delegate agencies). Review team members operating in remote locations without direct contact with other team members can synchronize their computers with the PRISM 2006 web site, through which the team and the remotely located team member can exchange information. Team members without a computer or PC tablet will conduct the review through hard copy paper documentation and, as in the past, all reviewers will share information in team meetings. In circumstances in which review team members do not have access to a computer, the Report Coordinator will record in the PRISM Software any issues raised during the team meeting, including potential issues that require further evidentiary support before making a preliminary area of noncompliance recommendation, as well as actual preliminary areas of noncompliance (where sufficient evidence exists to support such a finding).

In addition to using the software, ongoing daily communication may take the form of either cell phone calls or e-mail correspondence between service reviewers at different sites, or between a service reviewer who has observed a service delivery failure(s) and a systems reviewer to alert the latter of possible underlying systems problems. Reviewers are encouraged to refer to the Danya website (http://www.headstartreviews.com) for information on allowable cost policies and reimbursement procedures for such communications.

Team meetings are the arena in which reviewers analyze evidence that supports findings that grantees are out of compliance with applicable program requirements; for Report Coordinators to integrate data into a preliminary Review Report; and for Team Leaders to ensure that the monitoring review is complete and comprehensive. Team meetings are analytic sessions through which review team members share information, integrate their individual observations and data gathering, identify interrelationships among systems and services, and discuss additional information collection and verification needed to establish relevant facts and circumstances. The Team Leader supervises the work of the group during team meetings, facilitates discussions, and assigns reviewers to follow up on issues identified during meetings.

Advance Activities

This section describes the process of coordinating and preparing for the on-site review. Grantees, reviewers, Federal and non-Federal Team Leaders, program specialists, and contractors supporting the Head Start Bureau participate in the Advance Activities phase of the review. Each plays a distinct role and contributes to the success of the review process and the monitoring system. The primary goals of this phase are to:

- Provide grantees with an opportunity to report on self-assessment and ongoing monitoring activities;

- Allow for efficient and effective coordination of the on-site review;

- Provide review team members with a general understanding of the grantee's organizational, governance and management structures, its fiscal operations and standing, and the general population of children and families the grantee serves; and

- Allow the review team to maximize time available for collecting and verifying information related to program, administrative, financial management, and other Head Start requirements that is only available on-site.

IDENTIFYING GRANTEES FOR TRIENNIAL OR FIRST-YEAR REVIEWS
In September 2005 the Head Start Bureau or designee will send a letter to all grantees due for a first-year or triennial review under 42 U.S.C. 9836A (c)(1)(A) and (B). The letter informs grantees that they are scheduled for a review (first-year or triennial).

GRANTEE SELF-ASSESSMENT AND ONGOING MONITORING
Grantee activities focusing on self-assessment and ongoing monitoring are not only mandated by regulation, but provide information to guide grantees' plans for training/technical assistance, programmatic changes and system improvements and, ultimately, improve the quality of services provided to children and their families. While the PRISM on-site review monitors program performance on a triennial basis, self-assessment and ongoing monitoring inform program improvements on a more regular basis prior to and following the on-site review.

- The annual self-assessment provides grantees with opportunities for detecting and addressing program weaknesses in advance of the PRISM review. While the PRISM review process provides an external assessment of Head Start programs to determine compliance with Head Start requirements, grantees are required to conduct a self-assessment on an annual basis under 45 CFR 1304.51(i)(1). One recommended tool for conducting a Head Start Program self-assessment can be found at the following Internet link: http://www.headstartinfo.org/self_assessment/table_of_contents.htm.

- Pursuant to 45 CFR 1304.51(i)(2), grantees are required to establish and implement procedures for ongoing monitoring activities to ensure that Head Start operations implement Federal regulations. Such ongoing activities should routinely inform grantees of their level of compliance and should, therefore, function as predictors for the results of

on-site reviews.

ADVANCE FISCAL REVIEW

Fiscal Reviewers have typically arrived ahead of the review team to begin reviewing fiscal documents. Where that is determined to be necessary, the Team Leader will contact the grantee director to request that specific fiscal documentation pertinent to the Head Start grant award, listed below, be delivered to the review team's hotel no later than the Saturday afternoon before the review is scheduled to begin. The intent of this advance review is to ensure that Fiscal Reviewers have a fuller understanding of the grantee's fiscal operations prior to the beginning of the On-Site Activities phase of the review; it is not intended to substitute for the in-depth review of fiscal information that will be conducted on-site.

The grantee director should certify that the following documents will be made available in advance for the Fiscal Reviewer:

- The grantee's external audit reports and accompanying management letters for the past three years;

- If conducted, internal audit reports for the past three years;

- The grantee's current and prior year Financial Assistance Awards (FAAs), including all construction and renovation awards;

- Most recent financial reports as delivered to the governing bodies;

- Organizational chart, list of staff and function of each staff person, including any vacancies;

- The grantee's Policies and Procedures manual(s) covering fiscal operations, including accounting and procurement policies and procedures;

- The grantee's current indirect cost agreement and cost allocation plan;

- All lease agreements;

- The grantee's most recent final SF-269 (Financial Status Report) and PMS-272 (Federal Cash Transaction Report) with supporting documentation;

- Current insurance policies;

- Grantee's most recent IRS 990, if applicable;

- All current contracts or other agreements with consultants; and

- Current administrative costs documentation.

Community Partnership Information Form
As in FY 2005, in FY 2006 the Community Partnerships Information Form can be used to help reviewers gain background information and knowledge about the types and roles of the community partnerships present in the Head Start/Early Head Start programs prior to the community partners' interview. Once the Team Leader identifies a representative cross-section of participants for the Community Partnerships interview and notifies the grantee, the grantee should send the Community Partnerships Information Form to the selected participants and request its completion and prompt return to the grantee. The grantee should forward the completed forms to the Team Leader for dissemination to pertinent reviewers (the Team Leader may decide if the completed forms should be sent along with other documents in advance of the review, or if the reviewers will have access to the forms at the first team meeting on Sunday or Monday morning at the grantee's office).

LOGISTICAL COORDINATION

Approximately one month prior to the scheduled review, the assigned Team Leader will contact the grantee to introduce himself or herself and notify the grantee of the scheduled review dates. At this time the Team Leader will discuss arrangements for the meetings and interviews, as well as for the document and file reviews that will occur during the On-Site Activities phase of the review. For meetings and interviews, such logistics typically include specifying the dates and times during which the meetings and interviews will occur, identifying participants for each of the meetings and interviews, identifying locations where the meetings and interviews will be conducted, specifying any materials or equipment required (e.g., flip-chart stand and flip-chart paper, pens, extension cords for laptop computers, projection screen, overhead projector, or LCD projector), identifying any reasonable accommodations needed by grantee or review team participants, and arranging for transportation (e.g., transporting parents, children, and grantee staff to and from meetings and interviews and transporting review team members to and from classrooms, centers, and other locations), as applicable.

ASSIGNING REVIEWERS AND TEAM LEADERS TO REVIEWS

The Monitoring Support Contractor is responsible for assigning Team Leaders and review team members to reviews. Several new Bureau initiatives aimed at streamlining and improving the monitoring process have implications for the assignment of review teams. As indicated earlier, effective in FY 2006, Federal Team Leaders will not lead reviews of grantees located within their home region. While Team Leaders now will review grantee programs located in different regions, effort will be made to assign Team Leaders to reviews scheduled within one time zone of their home Regional Office. Another significant improvement is that the on-site review of every delegate agency will take place concurrent to the grantee review. Every one of a grantee's delegate agencies (as applicable) must be visited during the scheduled review. Grantees with a large number of delegates, especially the so-called "super-grantees," may require reviews of extended duration.

Review Team Composition
Together, review team members must have the expertise to review all 18 Core Questions. Specific areas of expertise may include:

- Early Childhood Development (ECD);

- Health (HEA);

- Mental Health (MH);

- Disabilities (DIS);

- Infant and Toddler Child Development (ITCD);

- Infant and Toddler Disabilities (ITD);

- Infant and Toddler Maternal and Child Health (MCH);

- Family and Community Partnerships (FCP);

- Program Design and Management (PDM);

- Facilities (FAC);

- Fiscal Management (FIS); and

- Report Coordination (RC).

Guidelines for Assigning Individual Reviewers to Review Teams

The Bureau has increased efforts to ensure that all reviewers meet minimum requirements for education and experience in their respective areas. Only qualified reviewers will be assigned to review teams. During FY 2006 a certification process will be developed to strengthen the reviewer pool.

Individual reviewers also are assigned using the following guiding principles:

- Reviewers who are employees of a Head Start grantee or delegate agency are limited to participating in a maximum of three reviews per year.

- Reviewers not employed by a Head Start grantee or delegate agency are limited to participating in a maximum of 20 review teams per year.

- Staff employed by a grantee or employed by a delegate of a grantee identified as deficient cannot participate on a review until the deficiencies have been resolved.

- Reviewers cannot review programs within their home state; they may only participate in reviews outside of the state in which they live.

- New reviewers will be placed on teams with coach reviewers to assist the new reviewers to learn their responsibilities.

More detailed information on reviewer qualifications is contained in the Reviewer Information Appendix.

Assigning Review Team Members to Core Questions and Review Activities
Danya Review Planners assign to each reviewer lead and support roles on Core Questions related to reviewers' respective fields of expertise. Core Question responsibilities should be assigned to ensure that (a) all systems, services, and partnerships are covered, and (b) team members are assigned to make best use of their knowledge, skills, and experience. Of note, Fiscal Reviewers must only be assigned responsibility for the Fiscal Management Core Question**.** Fiscal Reviewers should neither take the lead on other Core Questions nor engage in review activities that are not related to the grantee's fiscal management system. This policy helps ensure that Fiscal Reviewers have adequate time to review a grantee's fiscal operations.

Danya staff will record the review team member Core Question assignments within the PRISM Software. Team Leaders can modify core question assignments as necessary to respond to changes in review team composition. Team Leaders can use the PRISM 2006 Software to assign reviewers to activities (e.g., protocols, check lists, etc.). The web application guides Team Leaders through the activity assignment process. For those Team Leaders using hard copy tools to assign review team members to review activities, once the Review Planner has notified them of the confirmed list of review team members and their Core Question assignments, the Team Leader should record the information in the Team Assignment Worksheet. The Team Assignment Worksheet summarizes general assignments of responsibility and specific assignments for review activities. A blank form can be found in the Forms Appendix. A brief description of the worksheet's components follows:

- The worksheet provides space to summarize responsibilities for the Core Questions. Next to each of the 18 Core Questions, the Team Leader can record the name of the lead reviewer and the names of reviewers who will support the lead reviewer in gathering information and writing the preliminary areas of noncompliance.

- Following the set of Core Questions, the worksheet lists the meetings that occur during the initial day(s) of the review. The following guidelines apply:

  o Team Leaders should use discretion in assigning individuals to interviews in order to maximize the time that reviewers have to conduct data-gathering activities related to their area of expertise;

  o For each meeting, the Team Leader should record who will attend, when the meeting will be held, and where it will occur;

  o If there are special roles for individuals (e.g., facilitator and note taker), there is space to write in the names of reviewers who will assume those roles; and

  o In keeping with the effort to ensure that Fiscal Reviewers have adequate time to review a grantee's fiscal operations, Team Leaders should assign Fiscal Reviewers to participate only in those meetings and interviews that address fiscally relevant issues. While the Team Leader has discretion in making such assignments, it is expected that the Fiscal Reviewer would attend, at a minimum, two interviews: (1) the Governing Body Interview and (2) the Policy Council Interview.

- Following the section on interview assignments, the worksheet lists checklist and additional meeting assignments, including team meetings and grantee briefings. Spaces are available to record meeting and checklist assignments, meeting/observation schedules and locations.

- The final page of the Team Assignment Worksheet contains an area to help plan focus children and family assignments. This section aims to capture all of the necessary information the review team may need about the focus children and their families, including the child's location, age, program option, presence of a disability, language spoken, parents' names and interviews each are attending, and siblings' names (if applicable).

This more detailed listing of information for each of the focus children and their families, by classroom, is intended to minimize effort in coordinating review team logistics. Note that the focus child and family information table is split into two sets of columns. The first eight columns consist of the focus child and family background information and should be filled out by the grantee. The last two columns regarding reviewer assignments and observation times may be filled out by the review team. Additionally, as this form requires the grantee to complete a certain amount of information for each focus child and family, this table should be completed only after the list of focus children has been finalized. Refer to the next section for more information regarding the setting and focus child selection processes.

SELECTION OF SETTINGS, FOCUS CHILDREN, AND INCOME ELIGIBILITY FILES

This section discusses the selection process undertaken by Team Leaders to make a solid, reasoned judgment of the settings to visit and the children on whom to focus. It is not necessary to visit all centers and classrooms of a grantee to determine the effectiveness of the grantee's systems or services. For most grantees, it will not be possible to visit all family child care homes or accompany all home visitors. The selection process is designed to allow the team to monitor the effectiveness of systems and the implementation of services and partnerships in all types of settings.

As indicated previously, beginning in FY 2006 every delegate agency will be reviewed when a grantee with delegate agencies is scheduled for a first-year or triennial review. Every delegate will receive an on-site review; however, the Head Start Bureau will determine the scope of the review of each delegate.

The Selection Process document in the Forms Appendix provides a step-by-step methodology for Team Leaders to prepare for a review. The *Selection Tree Form* offers instructions for selection at three different levels: (1) centers or geographic areas; (2) classrooms, family child care homes, and home visitors; and (3) focus children and their families. A blank *Selection Tree Form* may be found in the Forms Appendix.

Selecting Centers or Geographic Areas. The Team Leader selects the centers and geographic areas that the reviewers will visit. The sites selected should include a representative cross-section of the grantee's program, including its diversity of families served, ages served, and program options. For example, it is important to include, to the extent possible, an Early Head Start site, a child care partnership, and a home-based option.

Selecting Classrooms, Family Child Care Homes, and Home Visitors. The Team Leader can randomly choose classes within selected centers or home visitors within a geographic area.

Selecting Focus Children and Their Families. The Team Leader will select the children and their families that will be a focus of the data-gathering activities during the On-Site Activities phase of the review. As part of this process, the Team Leader may ask the grantee to provide enrollment rosters or class lists, or the Team Leader may ask the grantee to choose one to four children in each class—one to be a focus child and the others to act as back-ups. At a minimum, focus children and families should include children enrolled in each classroom and family child care home to be visited. It is not expected that every program activity will be represented by every family, but rather that the experiences of the group of children and families chosen will give reviewers a comprehensive view of how the program works. Careful attention should be given to ensure that the children selected reflect the age groups served as well as (1) families involved in child care partnerships and (2) children with disabilities, including at least one child with more significant disabilities. Typically, each Service Reviewer is assigned three to five focus children and their families by the Team Leader.

Selecting Files for Income Eligibility Review. A sample of children's files will be reviewed using the Income Eligibility Data Collection Form located in the *PRISM Instrument*. Please refer to the Income Eligibility Process and Data Collection Form Instructions located in the *PRISM Instrument* for a more detailed description of this process.

On-Site Activities

The On-Site Activities phase of the review is mandated by the Head Start statute and is required to include "a review and assessment of program effectiveness." In order to "determine whether Head Start agencies meet standards with respect to program, administrative, financial management, and other requirements," the review team gathers and verifies information from multiple sources using multiple methods. Head Start monitoring reviews are compliance reviews intended to monitor grantee programs against current regulations and program requirements. Review team members must collaborate to identify programs that fail to meet Head Start standards. Given the volume of documents to review, the number of individuals to interview and the potential geographic dispersion of facilities to observe, collaboration is critical to create a comprehensive assessment of each program's services, systems, and any interrelationships thereof. The Team Leader supervises on-site review activities and makes preliminary decisions regarding grantee compliance based on documented facts.

During this phase of the review, information is collected through group and individual interviews, file and other record reviews, and observations at centers and other settings. Reviewers exchange information during the day and during nightly team meetings.[7] The PRISM 2006 Software is designed to facilitate and enhance communication and collaboration among members of the review team. The software enables each reviewer to electronically document information they collect; all instruments (i.e., protocols, core question pages, etc.) are available electronically in the software. Review team members may synchronize their computers, transferring information from one computer to another and thereby allowing the team to electronically monitor the evidence related to a particular core question or, more specifically, a given issue over the course of the review.

The Report Coordinator and Team Leader ensure that all review findings are substantiated and thoroughly evaluated. At the end of the on-site review phase, the Team Leader will be in a position to recommend preliminary areas of noncompliance.

ON-SITE TIME REQUIREMENTS FOR REVIEW TEAM MEMBERS

The on-site phase of the review typically requires one week to complete, beginning on Sunday evening with a review team planning meeting and ending Thursday evening or Friday morning with the completion of all writing of preliminary areas of noncompliance. The following circumstances may require additional on-site time:

- Fiscal Reviewers typically are encouraged to arrive one day early to the site to allow for sufficient time to thoroughly review the grantee's fiscal operations.

- Team Leaders and Report Coordinators are authorized to remain on-site through Friday, if needed, to complete the preliminary report, ensuring its accuracy, comprehensiveness, and clarity.

---

[7] Effective in FY 2006, the PRISM process no longer includes a summary meeting. The grantee entrance meeting remains part of the PRISM process, but will no longer include a grantee presentation.

- Each reviewer responsible for a written preliminary area(s) of noncompliance is required to ensure that the product is of acceptable quality to the Report Coordinator and Team Leader prior to the reviewer's departure from the on-site review. Failure to ascertain this acceptance may result in reduced payment to a reviewer if a claim of an unacceptable submission is determined to be valid. Reviewers with shared responsibility for documenting a preliminary area of noncompliance are equally accountable for the final submission.

- The duration of the on-site phase of the review may extend beyond the aforementioned timeframe for reviews of grantees with a large number of delegate agencies. As indicated previously, a new FY 2006 policy requires that every delegate agency must receive an on-site visit when its granting agency is reviewed.

PHILOSOPHY OF PERFORMANCE

During all phases of the review, and most critically during the On-Site Activities phase of the review, review team members are reviewing and assessing program effectiveness and quality. The expectation is that Head Start programs will comply with all statutory, regulatory, and other requirements of the Head Start grant award. When there are failures to meet Head Start standards, the review team will document and report such failures. While monitoring reviews, by their nature, are focused on determining the extent of compliance with Head Start requirements, it is of paramount importance that reviews are carried out without any preconceptions or prejudgments. To ensure fairness and objectivity, all review team members should:

- Show respect for grantee staff at all times;

- Value the time that grantee staff spends with reviewers by coordinating review team activities to minimize or eliminate multiple queries or requests for information;

- Consult with appropriate grantee staff as soon as possible when gaps in information arise that require additional data or explanation; and

- Keep communication as open as possible.

FACT-BASED, SYSTEMS-BASED MONITORING

The PRISM process is designed to provide the Head Start Bureau and Regional Offices and, ultimately, grantees with information grounded in verifiable evidence. The review team's primary responsibility is to collect evidence (i.e., information that provides a basis for reaching a conclusion or judgment) regarding service delivery, program operations and governance, and other elements of the program. Information is collected and verified through multiple methods and multiple sources. Methods by which evidence is collected include:

- Observing children in home and classroom settings;

- Interviewing individuals involved in the receipt, delivery or management of services; and

- Reviewing documents.

Sources through which information may be collected include children, parents, teachers,

children's files, buses, and playgrounds. Each review team member is accountable for the accuracy of all pre-decisional information he or she reports as evidence of an issue, whether that information is conveyed verbally (e.g., during team meetings or other discussions with review team members), electronically or in writing.

As potential findings are identified through observations, interviews and document reviews, it is critical that team members collaborate with other service and/or systems reviewers. Information sharing enables the team to provide a more comprehensive description of identified weaknesses within the program. For example, safety issues identified at center playgrounds may suggest a problem within the program's management systems. The PRISM monitoring process, particularly the nightly team meetings and redesigned PRISM software, is designed to stimulate collaboration and discussion among team members.

COLLECTING INFORMATION

Using the *PRISM Instrument*, in particular the new service area protocols, reviewers are responsible for making preliminary recommendations about grantee compliance with Head Start program requirements by:

- Collecting information, and verifying and confirming the accuracy of the information collected;

- Recording all information collected on-site within the PRISM software;

- Sharing information with other review team members during the day and during team meetings and ensuring that interrelationships among systems, services, and partnerships are identified and assessed;

- Integrating data and making preliminary recommendations to the Team Leader; and

- Reporting the results.

Information-collecting responsibilities of team members differ, depending on their specific roles during the review. All review team members must, however, participate in the Review Team Planning Meeting and the Entrance Meeting so that everyone shares the "big picture" of the grantee and its services and partnerships.

- **The Review Team Planning Meeting** occurs prior to meeting with grantee staff, usually the evening before the first day of the On-Site Activities phase of the review. The purpose of this meeting is to describe the grantee and any delegates being reviewed, discuss assignments and the schedule of events of the review, and clarify the Team Leader's expectations. Since this is the first time the entire review team meets as a whole, it is a good opportunity to coordinate the team's planned interactions with focus children and their families. Specifically, the Team Leader should complete the last two columns on the Team Assignment Worksheet (in the *Forms* Appendix) regarding the logistics surrounding the observation of focus children and their families. Additionally, this meeting provides a good opportunity to make Transportation Services Checklist and Income Eligibility Data Collection Form assignments. Note that the Team Leader may use the web application of the PRISM 2006 Software to complete these assignments prior to the On-Site phase of the review.

- **The Entrance Meeting** is an informal introductory session for the review team to meet key grantee staff. It can include a welcome from the grantee director, an introduction of staff, and an overview of the organization of the agency. It can also include an introduction of review team members and a brief overview of the on-site activities planned for the week. During this meeting, the review Team Leader should exchange contact information with key grantee staff with whom they will be working during the on-site review.

Collecting Information: All Reviewers

- All review teams must enter **funded and actual enrollment data** into the PRISM Software for inclusion in the Head Start Review Report. Enrollment data should be entered for all triennial and first-year reviews.

  o For the grantee's "funded enrollment," enter the figure contained on the grantee's Financial Assistance Award (FAA) for the current period.

  o For the grantee's "actual enrollment," enter the number of children enrolled in all Head Start and Early Head Start programs during the week of the on-site review. When capturing actual enrollment figures, adhere to the following:

    ▪ If the review takes place within the last 60 days of the program year, enter the number of children enrolled during the week immediately *prior* to the start of that 60-day period.

    ▪ Count as "enrolled" any slots vacated by children within the past 30 days.

- All review teams must complete the **Delegate Agencies Checklist** in the fiscal year 2006 PRISM Software. Effective in FY 2006, the information entered into the Delegate Agencies Checklist will be automatically stored in the electronic record of the review of delegate agencies for each grantee (i.e., for grantees with delegate agencies). The Report Coordinator for the grantee review should be responsible for completing the Delegate Agencies Checklist for the review.

- All review teams must complete the **Income Eligibility Data Collection Form**, designed to assist reviewers in assessing compliance with income eligibility requirements. Completion of this form requires the review of a small sample of randomly selected files. The Income Eligibility Data Collection Form (with instructions) is located in the PRISM Instrument Appendix. This form has been modified slightly.

- All review teams must complete the **Transportation Services Checklist**, whether or not the grantee provides transportation services.

- All review teams must interview the appropriate grantee staff to determine whether the grantee has any current compliance issues and/or corrective action plans in effect concerning other Federal, state or local regulations or other program requirements.

Collecting Information: Service Reviewers

Service Reviewers monitor compliance with program requirements by examining grantee service delivery and partnership activities. Service Reviewers also participate in the focus child and family process. During this process, Service Reviewers use a variety of PRISM instruments and protocols to examine the actual experiences of Head Start children and their families.

Service Reviewers must address information on nine Core Questions: Prevention and Early Intervention and Health Care Tracking and Follow Up; Individualization; Mental Health; Disabilities Services; Curriculum and Assessment; Family Partnership Building; Parent Involvement; Community Partnerships; and Facilities, Materials, Equipment, and Transportation. Working closely as a team, Service Reviewers coordinate specific review assignments. Tasks assigned to Service Reviewers may extend beyond their primary areas of expertise. Specific assignments for Service Reviewers include:

- *Using Protocols.* New protocols focus on the following areas: health, nutrition, disabilities, mental health, and early childhood development. The Health, Nutrition, and Disabilities protocols will be available with the release of this *Guide.* The Mental Health and Early Childhood Development Protocols will be available during the first quarter of FY 2006. These new protocols are designed to assist reviewers in organizing data-gathering activities around the performance standards and, ultimately, outline the process for collecting evidence related to the specified standards. The protocols are the primary tool for assisting service reviewers to monitor compliance with performance standards within their content area. Other tools (e.g., interview guides and checklists) may continue to be used for additional support.

  The protocols provide a series of questions and prompts that, when addressed, assist in assessing program effectiveness and in making preliminary compliance decisions. In addition, the protocols list the documents to be reviewed, people to be interviewed, and settings to be observed to help the reviewer address each of the standards. The accompanying protocol worksheets provide a means for recording relevant information, including people interviewed, documents/records reviewed, and observations made. In addition, several protocols include a reference document that identifies the relationship between the protocol and other interview guides, checklists, forms, and PRISM processes.

  At the end of the review, the designated reviewer is required to complete and submit the protocol worksheet, which documents the methods and sources through which information was collected while on-site (i.e., the individuals with whom they spoke, documents reviewed, and observations made). The worksheet is designed to provide reviewers with a place to document information acquired from the sources, which may become evidence in support of a preliminary area of noncompliance.

- *Observing in children's settings.* Service Reviewers observe their focus children in their center or home settings in order to get an overall picture of their environment, interactions, and curriculum activities. These observations are integral to the focus child and family process. Service Reviewers use one of the two observation instruments in PRISM to record their observations. Several tools have been developed to guide

reviewers on what to observe, and facilitate the recording of information based on these observations.

- o The **Classroom, Family Child Care, or Socialization Experience Observation Instrument** is used to record observations of a classroom or a socialization experience that is part of a home-based option.

- o The **Home Visit Observation Instrument** is used to record a reviewer's observations during home visits that are part of the home-based option.

- o A **Health and Safety Checklist** (revised slightly in FY 2006) is used for each of the group settings in which the reviewer observes. Reviewers should pay special attention to ensure facilities comply with all Federal, State, and local licensing requirements. All review teams are required to complete this checklist.

- o The **Transportation Services Checklist** provides guidance on reviewing transportation services. All review teams must complete this checklist, regardless of whether the program provides transportation services to children.

- *Conducting or participating in interviews.* Service reviewers interview a variety of individuals involved in the provision or receipt of services, including education staff—teachers, home visitors and others—who provide services to focus children as well as family service staff who work with focus families. In addition, service reviewers participate in other individual and group interviews. At the discretion of the Team Leader, Service Reviewers may participate in any of the scheduled group interviews. In particular, it may be helpful for at least one Service Reviewer to attend the following interviews:

  - o **Family Group Interview**. This interview is an integral part of the focus child and family process. The purpose of the Family Group Interview is to review and assess the Head Start experiences of focus families. All focus families should be invited to attend the interview. Reviewers should make every effort to talk to members of all focus families during the review, including those who are not able to attend the Family Group Interview, so that there is a broad representation of parents in the review process. Alternative ways to contact parents who are not able to join the interview include telephone calls in the evening, speaking with parents when they drop off or pick up their children, or going on a bus ride.

  - o **Community Partnerships Interview.** This interview is conducted with staff from agencies that work in partnership with Head Start. It may be appropriate to ask both Systems and Service Reviewers to attend the interview to ensure that issues related to systems, services, and partnerships are covered. Background information for this interview will be provided in the completed Community Partnerships Information Form and should be reviewed by the reviewers conducting this interview.

  - o **Child Care Partnerships Interview.** Designed for use with Head Start child care partners, this interview assists reviewers in understanding the development and implementation of the grantee's child care partnerships. It may be appropriate to ask

both Systems and Service Reviewers to attend the interview to ensure that issues related to systems, services, and partnerships are covered.

- *Reviewing Files and Documentation.* Service Reviewers review files of focus children and families, in addition to other documents. When reviewing child files, reviewers pay attention to information on enrollment, screening, health services, disabilities issues, anecdotal notes, ongoing reports of child progress, and child outcomes.

  o Reviews of child files on focus children enable Service Reviewers to get a comprehensive picture of what services to children and families have been documented. When reviewing child files, Service Reviewers may be required to complete the **Income Eligibility Data Collection Form** at the Team Leader's discretion. The Team Leader may assign completion of this checklist to one or more Service Reviewers.

  o Service Reviewers review files on focus families, including information on family partnership development and participation in parent activities.

  o Review of other documentation helps Service Reviewers answer questions related to services and partnerships. This may include, for example, Education Committee minutes, the child outcomes plan, Health Services Advisory minutes, and menus.

During the **focus child and family process**, Service Reviewers look at focus children and their families from the perspective of their specific area of expertise, and they use this process to answer the Core Questions for which they have the lead. At the same time, they have a wider lens—looking at the whole child and family. This means that Service Reviewers engage in activities outside their own area of expertise. For example, Service Reviewers specializing in Family and Community Partnerships can conduct classroom observations or look at children's Individual Education Plans (IEPs). Service Reviewers specializing in Child Development Services review the health file to see if their focus child has received all required screenings and at family files to see how the program has engaged in a partnership with their family. Service Reviewers specializing in Health examine screening and assessment data and assess how the program has individualized services for the focus child. Because individual reviewers may not be experts in all areas, it is vital that all reviewers coordinate their work closely. It is the responsibility of all reviewers to regularly share with each other information they encounter (i.e., through file and document reviews, interviews, and observations) in areas outside their own area of expertise to enable the team to identify patterns. Reviewers should share information with other review team members throughout the day as well as at team meetings.

Collecting Information: Systems Reviewers

During the On-Site Activities phase, Systems Reviewers make use of several interview guides and, for fiscal reviewers, a fiscal checklist from the *PRISM Instrument* to address information on nine Core Questions: Program Governance; Planning; Communication; Record-Keeping and Reporting; Ongoing Monitoring; Self-Assessment; Human Resources; Fiscal Management; and Eligibility, Recruitment, Selection, Enrollment, and Attendance. Specific assignments for Systems Reviewers include:

- Interviewing staff with direct knowledge of operational and administrative systems;

- Reviewing documentation to obtain information related to systems;

- Participating in group interviews. Four interview guides are helpful in understanding the grantee's systems:

  o **Governing Body Interview.** This guide contains questions for members of the grantee governing group and assists in addressing the issues related to how the governing body is involved in the agency's planning process, exercises oversight, and ensures accountability

  o **Policy Council Interview.** This guide also contains questions pertaining to governance and is used with Policy Council members following a regular business meeting of the Policy Council.

  o **Community Partnerships Interview.** As noted previously, it may be appropriate to ask both Systems and Service Reviewers to attend this interview.

  o **Child Care Partnerships Interview.** As noted previously, it may be appropriate to ask both Systems and Service Reviewers to attend this interview.

- Completing assigned questions in the **Transportation Services Checklist** regardless of whether the program provides transportation services to children;

- Completing the **Income Eligibility Data Collection Form**, at the Team Leader's discretion. The Team Leader might otherwise assign completion of this checklist to one or more Systems Reviewers;

- Verifying service-to-system and system-to-system interrelationships, as appropriate; and

- Completing the **Fiscal Checklist**. In FY 2005, the Bureau adopted a "risk-based" approach to fiscal monitoring, consistent with the risk-based framework adopted by the Government Accountability Office (GAO) and the Committee of Sponsoring Organizations of the Treadway Commission (COSO).[8] Under the risk-based approach, the objective of fiscal monitoring includes not only an assessment of compliance with applicable program requirements, but also a review of a set of prioritized indicators (i.e., "red flags") designed to identify underlying fiscal problems early. These indicators focus first on those areas that, if irregularities were present, would likely have the greatest adverse impact on the fiscal health of the grantee. The FY 2006 Fiscal Checklist maintains the risk-based approach. The checklist is divided into five sections organized by their focus: (1) Fiscal Risk Indicators; (2) Internal Controls and Monitoring; (3) Fiscal Accountability; (4) Reporting; and (5) Summary Standards.

---

[8] General Accounting Office, *Standards for Internal Control in the Federal Government*, November 1999 (GAO/AIMD-00-21.3.1); Committee of Sponsoring Organizations of the Treadway Commission, *Internal Control -- Integrated Framework* (July 1994); and Committee of Sponsoring Organizations of the Treadway Commission "*Enterprise Risk Management - Integrated Framework* (September 2004).

VERIFICATION OF INFORMATION

As review team members gather information from multiple sources during the On-Site Activities phase of the review, they must also verify its accuracy. Accurate information is crucial to making sound monitoring review determinations. All information relied on to make final monitoring decisions must have sufficient evidentiary support in order to be legally defensible. In collecting information, reviewers should follow these principles:

- **Collect information from multiple sources** (i.e., whenever possible, the reviewer should seek to obtain additional information that might corroborate or contradict the content of the information already gathered);

- **Rely on the best evidence available** (e.g., firsthand information is preferred over secondhand information); and

- **Evaluate contradictory information** (e.g., give less weight to uncorroborated testimony than to corroborative written evidence from multiple sources).

In obtaining information from as many sources as possible, reviewers should consult both with the grantee and with each other, as described below.

Consulting With the Grantee

When and if a reviewer identifies a gap in information, the reviewer should consult immediately with the appropriate grantee staff, identifying the specific information sought and the information collected thus far. This consultation provides the grantee an opportunity either to supply the needed information or to explain its absence.

Collaborating With Review Team Members

Reviewers who have identified preliminary findings that may relate to other services or systems should immediately consult with other reviewers to ensure that relevant services or systems are assessed and evaluated concerning interrelationships. By alerting other reviewers immediately to concerns, reviewers who are best-positioned to gather relevant information have the opportunity to do so as soon as possible. Early efforts to verify critical information during the day also ensure multiple opportunities to exchange information during team meetings and to identify additional approaches to gathering and verifying data.

USING THE FY 2006 PRISM SOFTWARE TO RECORD EVIDENCE

All reviewers are encouraged to use the software to log information collected each day, and are required to electronically record all evidence used as support documentation for any recommended preliminary areas of noncompliance. The review team uses the software to memorialize all preliminary areas of noncompliance and associated evidentiary support. The FY 2006 PRISM Software User Manual provides detailed guidance on using the software; this section provides an introduction to the software's functional capabilities as they relate to the on-site phase of the review.

Electronic Record of Review Activities

For logging daily data-gathering activities, reviewers can access PRISM instruments in the FY PRISM Software. Specifically, the software includes the following:

and (2) the program type (i.e., Head Start, Early Head Start, or Head Start/Early Head Start) is selected, the status of the "issue" can be changed to "preliminary area of noncompliance." The status of an issue cannot be changed from "investigating" to "preliminary area of noncompliance" without completing the aforementioned steps. The narrative for the preliminary area of noncompliance is prepared directly in the PRISM software.

Of note, information entered into protocols, interview guides, checklists, or other forms is linked to Core Questions by the *Refer to, Interview,* and *Review* references associated with each Core Question. For example, the Transportation Checklist is referenced in Core Questions 9A (Prevention) and 12 (Disabilities Services), among other Core Questions. In the software, all checkmarks and notes recorded in the Transportation Checklist will appear under both Core Questions 9A and 12 (as well as any other Core Questions that reference this checklist). Summary reports are available for each Core Question. These reports present all "notes" and all "issues" pertaining to a given Core Question.

Communication and Collaboration Among Review Team Members
The ability to share electronic information on a regular and ongoing basis provides the team and HHS officials with an increased capacity for regular communication and collaboration, but is not intended to substitute for on-going personal communication. Synchronizing computers allows for a wealth of information sharing over the course of the week. Reviewers readily can share information with the Report Coordinator and Team Leader, who can monitor issues to determine whether additional evidence is needed before considering the issue to be a preliminary noncompliance. Reviewers can synchronize computers with one another as well. Synchronization enables the transfer of information from one computer to another. Information is shared and organized within the software to allow all team members to view all "notes" and "issues" pertaining to each Core Question, while the software maintains a historical account of all entries made by each individual team member.

The synchronization function provides the Report Coordinator with an electronic record of all issues and preliminary areas of noncompliance for each core question. Team members should be requested to synchronize their computers with the Report Coordinator at predetermined times (e.g., at the start and/or end of each team meeting).

Using the PRISM Software, the Team Leader and Report Coordinator can track which reviewer is assigned responsibility for a particular "issue," or if sufficient evidence exists, for a preliminary area of noncompliance. Team members may transfer responsibility (or, "assign" in the software's terminology) by selecting the appropriate option (assigning a task), then synchronizing their computer with that of the person to whom the assignment was made.

Writing up Preliminary Areas of Noncompliance

The written preliminary areas of noncompliance are the work product of the on-site phase of the review. This information is maintained in the PRISM software, and can be viewed in a preliminary review report. Every review team must record in the PRISM software all preliminary areas of noncompliance, with sufficient evidentiary support and a clear, thorough and accurate write up of each noncompliance. As indicated previously, the software tracks all "issues" from their inception through the decision to either close the issue (e.g., based on either insufficient evidence or evidence that suggests that what was initially perceived as a potential problem, after further investigation, was not a problem), or write the issue up as a preliminary area of noncompliance.

REVIEW TEAM MEETINGS

Team meetings, which usually occur at the end of each day while on-site, are a critical component of the On-Site Activities phase. Typically, team members participate in five team meetings while on-site, with the first meeting occurring on Sunday evening and the fifth meeting occurring on Thursday. Some reviews may extend beyond a one-week period, particularly for grantees with multiple delegates being reviewed.

Overall, the team meetings provide review members with opportunities such as:

- Sharing information about the grantee's systems, services, and partnerships;

- Clarifying each reviewer's understanding of relevant facts, as established by the information (i.e., evidence) gathered, that will form the basis for decisions regarding compliance;

- Recording in the PRISM software all evidence collected during the day's activities, and synchronizing reviewers' computers with the Report Coordinator and other reviewers to share electronic copies of evidence collected and issues identified each day;

- Discussing issues identified during the day, and monitoring issues identified over the course of the review to determine whether sufficient evidence exists to consider the issue a preliminary area of noncompliance;

- Discussing potential interrelationships among issues identified within service and systems Core Questions, including relationships between (a) services and systems, and (b) systems and other systems, if applicable;

- Planning for the subsequent day's activities, which may be assisted by using the Team Assignment Worksheet located in the Forms Appendix;

- Providing the Team Leader with the information needed so he or she can make preliminary compliance decisions, and using the Summary of Review Decisions Worksheet located in the Forms Appendix to track daily discussions and follow-up activities regarding these decisions; and

- Writing all preliminary areas of noncompliance clearly and thoroughly.

Expectations of Reviewers at Team Meetings

All Head Start program reviewers are expected to conduct themselves as professionals and to make ongoing and tangible contributions to the preliminary review report. To ensure that team meetings are conducted efficiently, reviewers must come to the meetings prepared. For example, reviewers are encouraged to organize and summarize their notes prior to the nightly meetings. This includes reviewing protocols and any observation instruments used (e.g., the Health and Safety Checklist). When reviewers have worked in pairs or small groups (e.g., to conduct a Governing Body Interview), they should compare and reconcile their notes and recollections prior to team meetings. Such interaction outside of team meetings is critical to ensure efficient use of time in the team meetings.

During the meeting, reviewers are expected to summarize their results and recommend preliminary decisions regarding compliance. (The Team Leader is responsible for signing off on preliminary compliance decisions; decisions are finalized at either the Head Start Bureau or the Regional Office.) Some guidelines for this process follow:

- Reviewers must ground their judgments in fact, based on what they or other reviewers observed, heard, or read;

- Reviewers must identify the program requirement(s) associated with each preliminary area of noncompliance;

- The individual with the lead for each Core Question begins the discussion by summarizing the day's activities and any issues that have arisen during the day;

- All other team members may provide input about a system, service, partnership, or the connections among the three;

- All team members may identify potential interrelationships between service areas and system areas, and system areas to each other; and

- The Report Coordinator should require that reviewers synchronize their computers with the Report Coordinator at specified points in time (e.g., at start and/or end of each team meeting).

Purpose of Each Team Meeting

The purpose of the first team meeting—usually conducted the Sunday evening prior to the team's Monday arrival at the grantee site—is to review planned activities and to ensure that all team members understand their respective roles and responsibilities and the team's common objectives. During the meeting conducted at the end of the second day on-site (i.e., Monday), reviewers process and analyze information gathered during the Entrance Meeting and other activities, including observations, interviews, and reviews of documents, and they begin developing a common understanding of the grantee's systems, services, and partnerships.

During the meetings conducted at the end of the third and fourth days on-site, the review team continues to process and analyze the data gathered through the PRISM review activities, including the focus child and family process. Such activities include document and file reviews,

observations of center- and home-based activities, interviews, and completion of related checklists. During these meetings, reviewers share information, seek clarification, determine if assistance is needed, and they begin to conceptualize their recommendations for decisions regarding compliance and interrelationships of services to systems and/or systems to systems.

The final team meeting conducted on the last full day on-site (i.e., Thursday) is dedicated to final analysis of the facts, followed by preliminary decisions from the Team Leader regarding grantee compliance and completion of the draft Head Start Review Report. While the summary meeting will no longer occur, at the discretion of the Team Leader review team members, including Team Leaders and Report Coordinators, may finish writing and recording the preliminary areas of noncompliance in the PRISM Software on Friday.

Additional communication and coordination during reviews of grantees with delegates. If a review has multiple teams (i.e., "subteams") monitoring a variety of delegate agencies simultaneously, the Team Leader also must communicate and coordinate with the subteam leaders. Such practices ensure that each subteam can follow up on issues raised by other subteam(s). For example, if one subteam finds a lack of ongoing monitoring of one delegate agency's health services on the part of the grantee, the Team Leader can ask all other subteams to check on this issue in their delegate agencies and also consider whether there is an issue with the grantee's oversight of the delegate.

The FY 2006 PRISM Software's design facilitates the Team Leader's ability to collaborate with subteam leaders. The Report Coordinator of the grantee review should synchronize computers with subteam Report Coordinators. This synchronization shares information between the two Report Coordinators, providing the grantee Report Coordinator with a comprehensive list of issues identified in the reviews of the grantee and delegate agencies. The grantee review Team Leader is responsible for identifying systemic issues that pertain to multiple delegates.

ONGOING DIALOGUE

There should be ongoing dialogue among reviewers, grantee staff, and parents throughout the course of the on-site review. This ongoing communication facilitates clarification of facts and full understanding of grantee operations.

MAKING AND DOCUMENTING PRELIMINARY REVIEW DECISIONS

At the end of the data collection, verification, and analysis process, the Team Leader decides whether the issues identified by the team are considered preliminary areas of noncompliance. As indicated previously, the written preliminary areas of noncompliance are the work product of the on-site phase of the review. The Team Leader's recommendations for preliminary areas of noncompliance can be printed from the PRISM software by Core Question in a summary report.

In writing up preliminary areas of noncompliance, reviewers, Report Coordinators, and Team Leaders must ensure that:

- The structure of the preliminary area of noncompliance presents the problems and supporting evidence in a logical manner, without ambiguity of meaning or confusion of terminology;

- The topic sentence of each preliminary area of noncompliance uses language of the standard that is tailored to the aspects of the requirements that are found out of compliance;

- The evidence described in each preliminary area of noncompliance matches and relates to the specific requirements in the standard being cited;

- All assertions of fact are supported by specific evidence that is sufficient to justify making the assertion;

- All persons interviewed are identified by title or location of assignment; locations of all observations are specified; and all documents are specifically identified in the narrative text;

- Interviews are used *both* to gather information and expand on facts, as well as to confirm evidence already collected; and

- The narrative text is clear and free of grammatical, tense and other typographical errors.

Writing Preliminary Areas of Noncompliance

When a program is not meeting a program requirement, the reviewer must write a description of the issue and, when sufficient evidentiary support exists, indicate the issue to be a preliminary area of noncompliance. (In the FY 2006 PRISM Software, this entails changing the status of the "issue" from "investigating," to "preliminary area of noncompliance." A detailed explanation is provided in the PRISM 2006 Software user manual.)

When documenting a preliminary area of noncompliance, a review team member must:

1. Cite the appropriate program requirement. The FY 2006 PRISM Software requires an individual to select a specific program requirement, and provides a drop-down menu for the individual to identify the relevant citation (e.g., 1306.32(a)(3)) and the full text of the requirement. When citing standards, reviewers have the option to select from a list of standards related to a specific core question, as well as to select a standard from a list of any remaining program requirements (i.e., any standard that is not related specifically to the core question).

2. Generate narrative description of each finding:

   a. Through the topic sentence, briefly describe how the grantee is out of compliance with the identified program requirement. A topic sentence:

      - Is the first sentence in the preliminary area of noncompliance;

      - Introduces the preliminary area of noncompliance; and

      - Addresses the specific requirements in the preliminary area of noncompliance that are going to be addressed by the supporting evidence, that is, the scope of the topic sentence is tailored to fit the scope of the evidence on the requirement that is

out of compliance.

b. Describe the evidence on which the team relied to identify the noncompliance:

- Include specific examples. Multiple examples should be provided whenever possible, and numbers used to quantify and demonstrate the size or pervasiveness of the problem.

- Describe the methodologies used to gather data from the sources.

    o A method is a procedure or process for attaining information, and a mode of inquiry.

    o Types of methodologies include interviews, observations, and document review.

    o Include multiple methods.

c. Describe the sources the team relied on in identifying the preliminary area of noncompliance.

- A source is a point of origin or procurement that supplies information.

- Types of sources include people, settings, and documents.

- Include multiple sources.

3. When documenting a preliminary area of noncompliance that pertains to a specific *delegate* agency, the first line of the narrative should be the delegate's full name, listed alone on this line. The topic sentence then follows this line of text. Entering the delegate name on the first line of the text of the narrative ensures that the preliminary area of noncompliance documented in the review report clearly indicates the delegate(s) in which specific problems were identified, which provides more focused feedback to grantees.

4. If the grantee is meeting some but not all components of a given requirement, the narrative should only address those components for which the grantee is out of compliance. The purpose of the documentation is to report on the problem areas identified (i.e., "exceptions" to compliance).

5. Team members are encouraged to collaborate to identify interrelationships between preliminary areas of noncompliance identified for different service and/or systems requirements. Daily communication among team members, including during the team meetings, should emphasize identification of potentially interrelated areas. Potential interrelationships may take various forms, including:

- A single issue occurring multiple times in a single service area. For example, a Health Reviewer who observes multiple safety violations within several playgrounds should raise the issue at the team meetings to cue the systems reviewer of a potential ongoing

monitoring problem that should be pursued by the Program Design and Management Reviewer with appropriate grantee staff.

- A single issue occurring once, but across multiple services. For example, a Health Reviewer, a Mental Health Reviewer and a Disabilities Reviewer all may observe a potential problem with the grantee's record keeping policies and procedures. While the issue should be cited within each service area, it is critical that the team's collaborative processes identify this issue as a systems-level problem.

When interrelationships are identified, the service reviewer is responsible for citing the identified service program requirement as a preliminary area of noncompliance. The systems reviewer is responsible for describing the relationship between the systems issue and the service issue within the body of the preliminary area of noncompliance narrative pertaining to the systems requirement. That is, the interrelated preliminary areas of noncompliance will appear within the corresponding *systems* Core Question. To document interrelated areas of noncompliance, the systems reviewer completes the following tasks:

- When determining that a systems issue is a preliminary area of noncompliance, the systems reviewer should indicate when the identified preliminary area of noncompliance is interrelated to another core question(s). (This is done by checking a box, and selecting the core questions to which the preliminary area of noncompliance is related. This process is detailed in the PRISM 2006 Software user manual.)

- The systems reviewer selects all related citations. It is possible for interrelated areas of noncompliance to include more than two citations. For purposes of this discussion, we will assume that only two citations—one in a service area and one in a systems area—are implicated. Accordingly, the systems reviewer would select from the drop-down menu of program requirements the references to the relevant citations (e.g., 1304.51(i)(2) and 1304.21(c)(1)(i)).

- When generating the preliminary area of noncompliance narrative describing an interrelated finding, the topic sentence describes how the management system failed to effectively fulfill its function in relationship to another service or system area. Using the example cited above, in the case of a program that has multiple health and safety violations on several playgrounds, the systems reviewer might, if supported by sufficient evidence, report that the grantee's ongoing monitoring did not routinely include safety inspections for all Head Start playgrounds. The topic sentence links explicitly and directly to both the systems core question and the interrelated service core question regulations that are both being cited. The narrative text should present sufficient evidence to support the conclusion that the service delivery problem(s) could have been identified and/or corrected by the management system if it had performed its function effectively.

- When generating the preliminary area of noncompliance narrative describing an interrelated finding, the systems reviewer should cross reference the citation(s) identified by the service reviewer, but should not replicate either the service reviewer's narrative or citation in full within the body of the interrelated preliminary area of noncompliance

narrative. Rather, when citing interrelated citations, the standard that has already been cited in either a service area or another systems area should be summarized to highlight the information that is relevant to the interrelated systems area.

If during the On-Site phase of a monitoring review the grantee corrects a preliminary area of noncompliance before the conclusion of the on-site review, the noncompliance still must be recorded in the PRISM Software as a preliminary area of noncompliance. The review team is expected to generate narrative for preliminary area(s) of noncompliance corrected in the field as described above. Such citations, however, should be marked as corrected in the field. This is done by selecting the appropriate status for this issue—"preliminary area of noncompliance corrected in the field."

DOCUMENTATION OF REVIEW ACTIVITIES

As reviewers collect information during the On-Site Activities phase of the review, they must take comprehensive notes—preferably electronically on the various protocols, interview guides, observation forms, and checklists—or in writing on these forms or on their own notebook paper. These are preliminary and predecisional. On the last day of the On-Site Activities phase of the review, reviewers are required to initial and date each page of their handwritten notes and turn these in to the Team Leader. Similarly, all protocols, checklists, observation forms, and interview guides that include comments written during the On-Site Activities phase of the review must be initialed and dated and given to the Team Leader. This serves as record of data-collection activities. Given the important nature of these notes, reviewers must be diligent in their note-taking during the On-Site Activities phase of the review, documenting relevant details of all review activities in which they participated, including identifying who they interviewed, what they observed, and what files they reviewed.

Reviewers, Team Leaders, and Report Coordinators each have roles to play to ensure that on-site review documentation is appropriately preserved. These roles are as follows:

1. **Reviewers**

   - Document each day's review activities including all evidence acquired from the grantee or delegate;

   - Compile the week's documentation into one package of material by the end of the last full day of the review week;

   - Create a face sheet for the documentation that functions as an index or table of contents; and

   - Turn in to the Team Leader the week's documentation package.

2. **Team Leaders**

   - Ensure that each reviewer is keeping daily documentation of review activities including evidence acquired from the grantee; and

- Collect documentation at the end of the week for each reviewer.

- Note that after the Head Start Review Report is issued to the grantee, the Federal Team Leader is responsible for mailing all materials related to the review (i.e., all completed forms and other evidence) to the Regional Office of the grantee that was monitored. The records are maintained at the Regional Office with ongoing responsibility for the grantee.

3. Report Coordinators

- Verify that each reviewer has turned in a package of material documenting their review week activities; and

- Are responsible for collecting, organizing, indexing and mailing the completed forms and other evidence from the review to the Federal Team Leader's Regional Office.

CLOSING OUT THE REVIEW

Team members must complete various actions in the PRISM software at the end of the review. Specific actions are described below.

- After completing all work on the review, each reviewer must synchronize his or her computer with the Report Coordinator. During this synchronization, the reviewer must indicate that he or she has completed the review (by marking the appropriate check box – this process is detailed in the software's user manual). All review team members using a computer must "complete" the review within the PRISM Software, which ensures that the Report Coordinator has all needed information, and deletes the review information from the individual reviewer's computer.

- The Report Coordinator and Team Leader must confirm the quality of the preliminary areas of noncompliance recorded in the software. Specifically, the Report Coordinator and Team Leader will confirm that:

  o Each finding matches its citation;

  o Each finding is clearly described; and

  o Each finding is supported by sufficient evidence.

- The Team Leader must confirm that the PRISM process was implemented in accordance with the FY 2006 *PRISM Guide*.

Grantee Notice: The Head Start Review Report

After completion of the On-Site Activities phase, the PRISM review enters the Grantee Notice Phase. This phase encompasses finalizing compliance decisions, generating the Head Start Review Report, and sending the review report to grantees as legal notice of the results of the PRISM review.

FINALIZING REVIEW DECISIONS

The Head Start Review Report notifies the grantee of all final decisions regarding identification of any areas of noncompliance, including those that meet the definition of deficiency, and any requirements for corrective action, as applicable. Authority to finalize these decisions resides with the HHS official or designee issuing the review report.

Deficiencies. The Head Start Act authorizes HHS officials to determine, on the basis of a review, that a grantee has one or more deficiencies and require that grantees to be notified of such determinations.

Section 641A (d)(1) states—

If the Secretary determines, on the basis of a review pursuant to subsection (c), that a Head Start agency designated pursuant to section 641 fails to meet the standards described in subsection (a) or results-based performance measures developed by the Secretary under subsection (b), the Secretary shall—
(A) inform the agency of the deficiencies that shall be corrected;

HHS officials are guided by the Head Start regulations in making final compliance decisions. Such decisions will be made only when sufficient evidence exists to satisfy the regulatory definition of deficiency. The Performance Standards, at 45 CFR 1304.3 (a)(6), define a deficiency as follows:

(i) An area or areas of performance in which an Early Head Start or Head Start grantee agency is not in compliance with State or Federal requirements, including but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306, or 1308 of this title, and which involves:

(A) A threat to the health, safety, or civil rights of children or staff;

(B) A denial to parents of the exercise of their full roles and responsibilities related to program governance;

(C) A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and

Management; or

(D) The misuse of Head Start grant funds.

(ii) The loss of legal status or financial viability, as defined in part 1302 of this title, loss of permits, debarment from receiving Federal grants or contracts or the improper use of Federal funds; or

(iii) Any other violation of Federal or State requirements including, but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306 or 1308 of this title, and which the grantee has shown an unwillingness or inability to correct within the period specified by the responsible HHS official, of which the responsible HHS official has given the grantee written notice of pursuant to section 1304.61.

Areas of Noncompliance. The Performance Standards, at 45 CFR 1304.61 (a), authorize HHS officials to determine, on the basis of a review, that grantees have areas of noncompliance which do not constitute deficiencies, but which must, nonetheless, be corrected.

If the responsible HHS official, as a result of information obtained from a review of an Early Head Start or Head Start grantee, determines that the grantee is not in compliance with Federal or State requirements (including, but not limited to, the Head Start Act or one or more of the regulations under parts 1301, 1304, 1305, 1306 or 1308 of this title) in ways that do not constitute a deficiency, he or she will notify the grantee promptly, in writing, of the finding, identifying the area or areas of noncompliance to be corrected and specifying the period in which they must be corrected.

GENERATING THE HEAD START REVIEW REPORT
HHS officials must ensure the Head Start Review Report is generated as soon as possible after the final compliance decisions have been made. A preliminary Head Start Review Report is generated directly within the FY 2006 PRISM software, based on the preliminary areas of noncompliance recorded by the team during the on-site phase of the review. The Head Start Review Report has been reformatted for FY 2006 to ensure national consistency.

The Head Start Review Report will contain the following elements:

- Specification of the official recipient of the document and individuals receiving hard copies of the report;

- Overview information such as the type of review, review dates, funded and actual enrollment, type of organization, and type of program (Head Start, Early Head Start, or combined Head Start and Early Head Start);

- Determinations (i.e., deficiency(ies), area(s) of noncompliance not related to a deficiency, or compliance with all program requirements), including the citation(s) for the specific performance standard(s) or program requirement(s), if any, for which the grantee was determined to be noncompliant or deficient; and

- The narrative, citation(s) and corrective action timeframe(s) associated with each determination.

GRANTEE NOTICE

The Head Start Review Report must be mailed to the grantee governing body president as soon as possible after final determination decisions are made. On the same day these documents are mailed to the grantee, a copy of the report must be mailed to:

- The Policy Council Chairperson;

- The Executive Director;

- The Head Start Director;

- The ACF Regional Administrator;

- Paul Blatt, Monitoring Lead, Head Start Bureau at 1250 Maryland Avenue, SW, Washington, DC 20024; and

- Head Start Monitoring Reports, Danya, International at Head Start Monitoring Reports, 8737 Colesville Road, Suite 1100, Silver Spring, MD 20910.

Review team members may request a copy of the Head Start Review Report for any reviews on which they participated by submitting such a request to headstartreviews@danya.com.

The HHS official or designee issuing the report must verify that the report is received by the grantee using the least costly mechanism to confirm receipt (e.g., return receipt on regular mail). The HHS official or designee responsible for confirming receipt of the report must record the confirmed date of receipt in the PRISM software.

For grantees with no determinations of deficiency and no areas of noncompliance, the Grantee Notice phase of the review concludes with the delivery of the Head Start Review Report, and there is no Program Improvement and Corrective Action phase. For grantees with final compliance decisions that identify one or more deficiency determinations, or include one or more areas of noncompliance, the Program Improvement and Corrective Action Phase begins, as described in the following chapter.

Program Improvement and Corrective Action

Program improvement and corrective action activities are designed to strengthen Head Start grantee programs by ensuring full compliance with all Head Start requirements. These activities include engaging the technical assistance (T/TA) system to ensure that grantees have the support needed to facilitate improvement, reviewing and approving the Quality Improvement Plan (QIP), and monitoring resolution of each noncompliance or deficiency, as applicable. With the aid of the PRISM software, each area of noncompliance and each deficiency will be tracked from its initial identification to its final resolution. (i.e., correction or adverse action).

All areas of noncompliance and deficiencies must be corrected within the prescribed timeframe for correction as specified in the Head Start Review Report. Any area of noncompliance that was not initially identified as a deficiency, but which remains uncorrected within the timeframe specified by the HHS official or designee, will be determined to be a deficiency. As required by section 641A(d)(1)(C) of the Head Start Act, if a grantee fails to correct a deficiency, the HHS official or designee will "initiate proceedings to terminate the designation of the agency."

GRANTEES WITH AREAS OF NONCOMPLIANCE

The HHS official or designee must ensure that all areas of noncompliance are corrected within the specified period. In ensuring that areas of noncompliance have been corrected fully and in a timely fashion, section 641A(c)(1)(C) of the Head Start Act requires the HHS official or designee to conduct one or more follow-up visits. A grantee that is unable or unwilling to correct the specified areas of noncompliance within the prescribed time period will be determined to have a deficiency that must be corrected within the timeframe specified.

In some limited circumstances, the HHS official or designee may accept a letter certifying that specified areas of noncompliance have been corrected (i.e., provided that such certification is accompanied by sufficient documentary evidence supporting the claim of full correction and indicating the date(s) of such correction). In such cases, the HHS official or designee should issue a letter to inform the grantee that the certification letter was accepted as evidence that the specified program requirements are no longer out of compliance. The HHS official or designee needs to document correction of the noncompliance in the software, as well as attach to the grantee's record electronic copies of both the grantee's original certification letter and the HHS official or designee's confirmatory letter.

GRANTEES WITH DEFICIENCIES – QUALITY IMPROVEMENT PLANS (QIPs)

The Head Start Act requires HHS to make training and technical assistance available to grantees "with respect to the development or implementation of such quality improvement plans to the extent the Secretary finds such provision to be feasible and appropriate given available funding and other statutory responsibilities." (See section 641A (d)(3))

The requirements for developing a QIP are specified in the Head Start Act as follows:

An Early Head Start or Head Start grantee with one or more deficiencies to be corrected under a Quality Improvement Plan must submit to the responsible HHS official a Quality Improvement Plan specifying, for each identified deficiency, the actions that the grantee will take to correct the deficiency and the timeframe within which it will be corrected. In no case can the timeframes proposed in the Quality Improvement Plan exceed 1 year from the date that the grantee received official notification of the deficiencies to be corrected.[9]

To expedite the development of the QIP, the HHS official or designee may ask the grantee to provide drafts so the official can provide immediate feedback. The Head Start Act requires the HHS official or designee to notify the grantee, in writing, of the Plan's approval or specify the reasons why the Plan is disapproved. (See section 641A (d)(2)(B)) For disapproved plans, the grantee must revise and resubmit the QIP. Resubmission requirements are specified in the Performance Standards as follows:

If the Quality Improvement Plan is disapproved, the Early Head Start or Head Start grantee must submit a revised Quality Improvement Plan, making the changes necessary to address the reasons that the initial Plan was disapproved.[10]

FOLLOW-UP REVIEWS

If a grantee fails to meet applicable program requirements after a full triennial, first-year, or other Head Start review has been conducted, a follow-up review may be initiated and scheduled by the HHS official or designee. An on-site follow-up monitoring review will be conducted for all grantees that are determined to have deficiencies, and for many grantees that are determined to have an area(s) of noncompliance.

At the conclusion of the follow-up visit, the follow-up review team makes a preliminary determination as to whether an area of noncompliance or a deficiency has been corrected. During the conduct of the follow-up visit, the Team Leader should direct review team members to gather and record in the PRISM software sufficient evidence (e.g., through document and file reviews, interviews with grantee management and staff, and observation of operations) to determine whether the area of noncompliance or deficiency has been corrected. It is critical that the team provides—and documents in the PRISM Software—sufficient evidence to support the determination that a correction was made.

Final determination regarding the status of an area(s) of noncompliance or a deficiency(ies) is made by the HHS official or designee. In cases where grantees are judged to have corrected all areas of noncompliance and deficiencies, the Grantee Notice and Program Improvement phase ends.

The following guidance should be considered for grantees with deficiencies:
- Immediately after a QIP is approved the HHS official or designee must ensure the follow-up review is scheduled within a few days from the end of the QIP period. If a grantee has

---

[9] 42 USC 9836(d))(2)(A).
[10] 45 CFR 1304.60(e).

---

more than one deficiency, and the deficiencies have different end dates, the Team Leader may organize multiple follow-up visits.

- It is important to keep in mind that, while a grantee may have implemented all actions specified in a QIP, the deficiency is corrected only if the grantee can demonstrate full compliance with all requirements specified as deficient in the Head Start Review Report. (See <u>First State</u>, DAB No. 1877 (2003))[11]

- As indicated previously, the Performance Standards specify that for grantees with deficiencies judged to persist beyond the specified period, the responsible HHS official or designee must terminate the grant or deny refunding.[12]

USING THE FY 2006 PRISM SOFTWARE TO TRACK ACTIVITIES

The FY 2006 PRISM Software is designed to assist in tracking areas of noncompliance and deficiencies from their initial determination through their final outcomes. HHS officials or designees use the PRISM software to track corrective action and program improvement activities for grantees with areas of noncompliance and/or deficiency(ies). As described in the previous chapters, the on-site review team documents each preliminary area of noncompliance in the software with narrative text containing supporting evidence, applicable standards and requirements, and indication of whether the finding of noncompliance is applicable to a Head Start, Early Head Start, or combined Head Start/Early Head Start program. Compliance decisions are finalized by the HHS official or designee issuing the Review Report. The Head Start Review Report is generated and sent to the grantee by the HHS official as official notice. The certification of receipt that the grantee has received the review report initiates follow-up activity within the PRISM software system. Specifically, the software creates the follow-up task as soon as the return receipt is entered in the system, with the due date of the task based on the timeframe for corrective action specified in the Head Start Review Report.

Using the PRISM Software, a follow-up review report is generated for each follow-up review conducted. When a Regional Office determines that an on-site follow-up visit is required, the designated Team Leader must contact Danya to schedule the review, regardless of the number of team members needed for the review. Even if the Team Leader chooses to conduct the review alone, Danya must be contacted because Danya's database creates the follow-up review record in the PRISM Software.

When an on-site follow-up review is scheduled, the information recorded in the fiscal year 2006 triennial or first-year review for the grantee pre-populates the follow-up report as grantee history. This information is available to the follow-up review team for tracking areas of noncompliance and/or deficiency(ies). All current areas of noncompliance are included in each follow-up review. During the on-site follow-up review, the Team Leader and review team members can mark each individual area of noncompliance or a group of areas of noncompliance that constitute a deficiency as "corrected," "not corrected," or "not reviewed." All "open" determinations, or,

---

[11] In the <u>First State</u> decision, the HHS Departmental Appeals Board held "the point that ACF was making (and had made in approving the QIP) is that the grantee has the responsibility, if the steps set out in the QIP are not correcting the deficiency, to take other steps necessary to do so. In other words, the grantee has an ongoing responsibility for monitoring whether it is complying with the applicable requirements and for doing what is necessary to comply."

[12] 45 CFR 1304.60(f)

those that were neither corrected nor reviewed during the on-site follow-up visit, are documented in the follow-up review report, and will continue to be documented in any subsequent reports until they are corrected or otherwise closed. Accordingly, the report will continue to provide the grantee with the history related to each determination until that determination is resolved, or closed. Note that in addition to reviewing areas of noncompliance and deficiencies identified on a previous review(s), the follow-up review team records in the PRISM Software any newly identified areas of noncompliance (i.e. identified on the follow-up review).

To facilitate use of the PRISM 2006 Software for documenting corrective action activities on reviews conducted in fiscal year 2005, The Lewin Group will manually record historical information on areas of noncompliance and deficiencies into the FY 2006 PRISM Software based on the hard copy review reports issued to grantees.